

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580,805

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	+	1				
8	+	1				
9	+	1				
10	+	1				
11	+	1				
12	+	1				
13	+	1				
14	+	1				
15	+	1				
16	+	1				
17	+	1				
18	+	1				
19	+	1				
20	+	1				
21	+	1				
22	+	1				
23	+	1				
24		23/				
25		123				
26		23/				
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49						
50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	25	←		←		←
TOTAL CLAIMS	26					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						